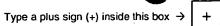
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	CLARATION FO			Attorney Docket Nu	umber	32064-5				
U	37 CFR	= -	1	First Named Invent	. r _ !	Jonathan Phil	llips			
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\boxtimes		Declaration		Application Number	New					
	Declaration Submitted	Submitted after		Filing Date New						
	With Initial	Initial Filing	1	Group Art Unit	Unkr	nown				
	Filing OR	(surcharge 37 CFR 1.16 (e) required)	.	Examiner Name	Unkr	nown				
As a be	As a below named inventor, I hereby declare that:									
My resi	idence, post office addre	ess, and citizenship a	are as	s stated below next to my	name.		·			
				one name is listed below) or which a patent is soug			nt inventor (if plural names are			
		PEDIATRIC IN	NTRA	AMEDULLARY NAIL A	AND ME	THOD				
			(Ti	tle of the Invention)						
•	ecification of which						- 1			
0		OR	_ v	was filed on (MM/DD/YYY	~\		as United States			
Applica	ation Number	a	ind wa	as amended on (MM/DD/	YYYY) [(if applicable).			
interestration	by state that I have review Iment specifically referred	wed and understanded to above.	the co	ontents of the above-iden	ntified spe	cification, including	g the claim, as amended by any			
	wledge and hereby disc	lose information which	ich is r	material to patentability as	s defined	in 37 CFR 1.56.	ļ			
5. 8. s										
Latereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior	Foreign Application		Fo	oreign Filing Date	Check C	Only If Priority	Certified Copy Attached?			
h4	Number(s)	Country		(MM/DD/YYYY)	No	t Claimed	YES NO			
		1				H				
		1								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
,	Application Number(s) 60/252,536			ng Date (MM/DD/YYYY) 22 November 2000						
,				Additional provisional application numbers are						
							on a supplemental priority data sheet SB/02B attached hereto.			



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	DECLARATION – Utility or Design Patent Application												
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the Untied States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
PCT/US00/14840 26 May 2000													
09/321,369 27 May 1999									٠.				
Addition	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
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		\boxtimes		Registe	ered pract	ioner(s) ı	name/re	egistratio	on nu	mber listed be	low.		
anii a	Name		Regist	tration N	lumber	T		Nam	e		Registration	on Number	
L. Sco	ott Paynt	ter		39,797	,,								
	onal regist	tered practioner(s) named	on supp	lemental f	Registere	ed Pract	ioner In	forma	ation sheet PT	O/SB/02C attach	ed hereto.	
High the	-		,										
Direct all corresp	ondence t		stomer N r Code L					OR		Correspond	lence address b	elow	
Name	Woodar	d, Emhardt, Na	ughton,	Moriart	y & McNe	ett	,						
Address	111 Mon	ument Circle, Sui	te 3700									2.50	
Address	Center Te	ower :			,								
City	Indianapo	olis		•			State			IN	ZIP	46204	
Country	US			Telepho	one (317) 634-3456						Fax	(317) 637-7525	
Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or	First Inve	entor:		A	petition h	as been	filed for	this un	signe	ed inventor.		•	
Given Name (first and middle [if any])						Family Name or Surname							
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Inventor's Signature						. Date				Date			
Residence: City	Orlando	State		Floi	rida	Country		United States		Citizenship	United Kingdom		
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City	Orlando	State Flor		orida	ZIP	328	32835		Country United States				
Additional inv ntors are being name on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.													





DECLARATION

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Vincent O. Wagner	29,596		
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Spiro Bereveskos	30,821		
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Matthew R. Schantz	40,800	·	
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